

EXHIBIT 11

Hubbard v. NCAA Settlement Administrator
P.O. Box 301134
Los Angeles, CA 90030-1134



VISIT THE SETTLEMENT WEBSITE BY
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Hubbard, et al. v. NCAA, et al.

U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Case No. 4:23-CV-01593-CW (N.D. Cal.)

NCCO

«Barcode»

Postal Service: Please do not mark barcode

NCCO: ClaimID: «ClaimID»

PIN: «PIN»

«First1» «Last1»

«CO»

«Addr2»

«Addr1»

«City», «St» «Zip»

«Country»

**Must Be Postmarked
By DATE**

Claim ID: <<ClaimID>>

PIN: <<PIN>>

Academic Achievement (Alston) Award Claim Form

1) Contact Information

First Name															M.I.		Last Name														
Primary Address																															
Primary Address Continued																															
City															State					ZIP Code											
Email Address																															
Area Code					Mobile Number																										

2) School & Athletic Information

College/University																													
Sport																													
Athletic Scholarship Status (e.g., full, partial, other)																													

NCCOHUONE

FOR CLAIMS PROCESSING ONLY	OB	CB	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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3) Eligibility**1. Did you already receive an Academic Achievement (Alston) Award payment in the academic year 2021-2022?**☐ Yes☐ No**2. Does the school(s) you attended between 2019-2022 offer Academic Achievement (Alston) Awards?**☐ Yes☐ No**If yes, please state the criteria your school uses to determine eligibility for Academic Achievement (Alston) Awards:**

3. Please fill in the circles for each academic year that you can confirm you met your school's eligibility criteria:☐ 2019-2020☐ 2020-2021☐ 2021-2022

We will first use this information to try to match your information with the data we were provided. If we cannot, we may conduct an independent audit of it. We may contact you by email, letter, or phone to ask for more information. Please keep your contact information up-to-date. If you have any information you think would be beneficial to your claim, enclose a copy of those documents.

4) Certification & Signature

I declare under penalty of perjury under the laws of the United States of America that the information above is true and correct to the best of my knowledge and that I am authorized to submit this claim. I understand that my claim is subject to audit, review, and validation using all available information.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

Mail your Claim Form with copies of any supporting documents, **postmarked on or before** **MONTH DAY YEAR** to: *Hubbard v. NCAA Settlement Administrator*, P.O. Box 301134, Los Angeles, CA 90030-1134.

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